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Chancroid
Fact Sheet

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Chancroid (*Haemophilus ducreyi*)

Overview ^(1,2)

For a more complete description of chancroid, refer to the following texts:

- Control of Communicable Diseases Manual (CCDM).
- Red Book, Report of the Committee on Infectious Diseases.

Case Definition ^(4,5)

Clinical description

An acute bacterial infection usually located in the genital area.⁽¹⁾ About 3-10 days after exposure a painful vesicular papule begins, that quickly becomes an ulcer with a bright red areola and shelving margins.⁽⁵⁾ There may be single or multiple lesions that are round or irregular with undermined borders and range in size from 3–20mm.⁽⁵⁾ Symptoms are much more noticeable on a male, but both males and females may be asymptomatic or limited to pain during urination, defecation, or sexual activity.⁽²⁾ In some cases there may be rectal bleeding or vaginal discharge.⁽²⁾ After 7-14 days in 30-50% of the cases painful enlargement of the inguinal lymph nodes (chancroid bubo) occur.^(2,5) They often become enlarged varying in appearance and often having a soft center that can rupture and discharge pus.⁽⁵⁾ Secondary infections often occur resulting in destruction of the effected tissue.⁽⁵⁾ Only 38 cases of Chancroid were reported in the U.S. in 2001.⁽⁴⁾ A history of sexual exposure outside the U.S. may be significant.⁽³⁾

Laboratory criteria for diagnosis

Isolation of *Haemophilus ducreyi* from a clinical specimen. Culture is difficult and not more than 80% sensitive but specific when found. No FDA-approved PCR test for *Haemophilus ducreyi* is available in the U.S.⁽³⁾


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Case classification

Confirmed: a case that is laboratory confirmed.

Probable: a clinically compatible case that is epidemiologically linked to a confirmed case

Or if all of the following criteria are met a) the patient has one or more painful genital ulcers; b) the patient has no evidence of syphilitic infection by darkfield exam of ulcer exudates or by serologic test for at least 7 days after onset of ulcers; c) the clinical presentation, appearance of genital ulcers and, if present, regional lymphadenopathy are typical for chancroid; and d) a test for herpes simplex virus (HSV) performed on the ulcer exudate is negative. ⁽³⁾

Note: Many cases are diagnosed on clinical grounds alone. It is important to exclude other diseases such as syphilis, HSV, lymphogranuloma venereum, granuloma inguinale, trauma, scabies, or various dermatological and systemic conditions.

See the case definition also at:

http://www.cdc.gov/epo/dphsi/casedef/chancroid_1990.htm


Information Needed for Investigation

Verify the diagnosis. Has the case had similar symptoms before? What symptoms were present and time periods of each? What laboratory tests were conducted (such as test for herpes simplex virus and syphilis) and what were the results?

Establish the extent of illness. Determine if others are infected contact and evaluate all sexual partners from one month before the case first noticed symptoms until the case is no longer infectious.

Contact the Regional Disease Investigation Program (Section 3.0) if an occurrence is suspected.

Contact the Missouri Division of Family Services, Child Abuse / Neglect Hotline 1-800-392-3738, if a child is diagnosed with Chancroid. Presence of Chancroid in a child is an indication of sexual abuse.

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Case/Contact Follow Up And Control Measures

- Contact the Regional Disease Investigation Program

Determine the source of infection to prevent other cases:

- Who has the case had vaginal, anal, or oral sexual contact with in the 30 days preceding the start of noticeable symptoms.
- Has the case traveled? Where?
- Have there been other cases linked by time, place or person?
- Does the case know of anyone with similar symptoms?


Control Measures

See the Chancroid section of the Control of Communicable Diseases Manual (CCDM), “Control of patient, contacts and the immediate environment”.

See Chancroid in the Red Book.

General:

- Infected person should be re-examined by a physician in 2-3 days, then weekly until healed.
- Infected persons must be made aware of the importance of abstinence until all treatment has been completed and all lesions have healed.
- Instructions in the use of condoms and dental dams should be given to those infected and their sexual contacts.
- The search for unrecognized cases among sexual contacts is important.
- Those that had sexual contacts with the infected individual in the 30 days preceding the start of noticeable symptoms should be examined. ⁽⁴⁾
- Treat all partners exposed within 10 days prior to onset of symptoms in the case. ⁽⁴⁾
- Recommend routine STD examination for all partners identified in the 30 days preceding the start of noticeable symptoms. ⁽⁴⁾
- Encourage HIV testing in all partners. ⁽⁴⁾
- Due to the insensitivity of the test and the possibility of an asymptomatic infection or of the contact being in an incubation period that falls outside the normal range, prophylactic treatment should at least be considered.

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Child Care:

- Presence of Chancroid in a child is an indication of sexual abuse. In such cases it is mandatory to report to the Missouri Division of Family Services, Child Abuse / Neglect Hotline 1-800-392-3738.

Health Care:

- Health care workers that have a patient with chancroid or a patient exposed to chancroid should use standard precautions.

Laboratory Procedures ⁽⁴⁾

Specimens:

1. Culture of *Haemophilus ducreyi* from lesion or lymph node aspirate provides **definite** diagnosis of *Haemophilus ducreyi* infection.
 - a. Culture techniques require special media that may not be available in all clinical sites.
 - b. Culture insensitive even when properly performed.
2. Gram-stained smear of lymph node aspirate showing typical small Gram-negative bacilli provides **presumptive** diagnosis *Haemophilus ducreyi* infection.
3. Gram stain of lesion exudate or swab may be misleading and is **not** recommended.
4. Obtain tests for herpes simplex virus and syphilis (including an RPR and darkfield exam if available).
5. Strongly recommend testing for HIV.


Treatment ⁽³⁾ (<http://www.cdc.gov/std/treatment/2-2002TG.htm#Chancroid>)

1. Azithromycin 1.0 g orally in a single dose; **or**
2. Ceftriaxone 250 mg intramuscularly in a single dose; **or**
3. Ciprofloxacin 500 mg orally twice a day for three days (contraindicated in adolescents [age <18], pregnant or nursing women); **or**
4. Erythromycin base 500 mg orally three times a day for 7 days.

Note: HIV infected cases may require longer treatment regimens.

Follow-Up ⁽⁴⁾

Patient should be re-examined by a physician in 2-3 days, then weekly until healed. Repeat RPR and HIV serology (if HIV-negative or not tested at time of diagnosis) in three to six months.

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Reporting Requirements

Chancroid is a Category II disease and shall be reported to the local health authority or to the Missouri Department of Health and Senior Services in within three days of suspected or established diagnosis:

1. For confirmed and probable cases, complete a “Disease Case Report” (CD-1).
2. Forwarded the complete CD-1 to your Local Health Agency or Regional Disease Investigation Program.
3. All outbreaks or “suspected” outbreaks must be reported as soon as possible (by phone, fax or e-mail) to the Disease Investigation Unit.

References

1. Chin, James, ed. “Chancroid.” Control of Communicable Diseases Manual, 17th ed. Washington, D.C.: American Public Health Association. 2000: 90-91.
2. American Academy of Pediatrics. “*Chancroid*.” In: Pickering, LK., ed. 2000 Red Book: Report of the Committee on Infectious Diseases. 25th Ed. Elk Grove Village, IL. 2000: 203-205.
3. Centers for Disease Control. Sexually Transmitted Diseases Treatment Guidelines 2002. MMWR, May 10, 2002; Vol. 51 (RR-6): 11-13.
4. Stoner, Bradley P., STD Clinical Practices Manual 2003-2004, 2003: 39-40.
5. Wisdom, Anthony and Hawkins, David A. “Chancroid.” Diagnosis in color Sexually Transmitted Diseases, 2nd Ed. Mosby-Wolfe, London, Philadelphia, St. Louis, Sydney, Tokyo.1997: 110-111.

Other Sources of Information

Web Sites

1. CDC, Sexually Transmitted Diseases Treatment Guidelines 2002, MMWR Volume 51, May 10, 2002. <http://www.cdc.gov/std/treatment/rr5106.pdf> (28 April 2003)
2. Washington State *The Practitioner’s Handbook for the Management of Sexually Transmitted Disease*
http://depts.washington.edu/nnptc/online_training/std_handbook/ (28 April 2003)

Chancroid

FACT SHEET

What is *chancroid*?

Chancroid is an acute bacterial infection most often localized in the genital area. Characterized by single or multiple small bumps that become painful ulcers at the site of the infection. Sometimes accompanied by painful swelling of local lymph nodes that may contain pus. Only 38 cases were reported in the U.S. in 2001. It can be treated with certain antibiotics.

Who gets *chancroid*?

Persons having vaginal, oral, or anal contact with those that have *chancroid*.

How are *Chancroid* bacteria spread?

Chancroid bacteria are spread by direct sexual contact with an open lesion or the pus of an infected individual.

What are the symptoms of *chancroid*?

People with *chancroid* may have painful lesions on the genitals. Often accompanied by swelling of the local lymph nodes that may contain pus. Secondary infections are common and may cause considerable tissue destruction. Symptoms in women are often less noticeable and may be limited to painful urination or defecation, painful intercourse, rectal bleeding, or vaginal discharge. *Chancroid* lesions are difficult to distinguish from ulcers caused by genital herpes or syphilis. The presence of a lesion makes the person more vulnerable to an HIV infection.

How soon after exposure does symptoms appear?

Painful lesion and ulcer generally appear 3 to 5 days after exposure but may take up to 14 days. The enlarged lymph nodes occur 7 to 14 days later in 50% of the cases.

Where are *Chancroid* bacteria found?

Chancroid bacteria are found in the lesions and lymph nodes of infected individuals.

For how long can an infected person carry *Chancroid*?

A person can carry the *Chancroid* bacteria from several weeks to many months.

Should infected people be excluded from school or work?

No

What is the treatment for *Chancroid*?

Antibiotics for *Chancroid* are taken for as long as 7 days and it often takes 1 to 2 weeks for the lesions to heal.

How can *Chancroid* be prevented?

- Avoid sexual contact.
- Condoms prevent transmission on the surfaces they cover.

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